

PROJECT CONNECT CLIENT APPOINTMENT SHEET

Consent Form # _____

Client _____
First M.I. Last

SS# _____ DOB _____

Client Contact/Location Information: For use if assisting client with appointments.

Phone Number: _____ ☐ Cell ☐ Message only ☐ Friend ☐ Other _____

Location: Where do you sleep? _____

Other places you can be contacted: (Check pickup, regular daytime locations, organizations frequented, etc.)

You are scheduled for the following appointments:

Day/Date & Time: _____

☐ Referral only

Program/Site: _____

Address: _____

Contact Person/Phone re: Appt.: _____

Purpose of Appt. & Special Needs

Day/Date & Time: _____

☐ Referral only

Program/Site: _____

Address: _____

Contact Person/Phone re: Appt.: _____

Purpose of Appt. & Special Needs

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Addition Appointments on the Reverse Side

You are scheduled for the following appointments:

Day/Date & Time: _____	<input type="checkbox"/> Referral only
Program/Site: _____	
Address: _____	
Contact Person/Phone re: Appt.: _____	
Purpose of Appt. & Special Needs	

Day/Date & Time: _____	<input type="checkbox"/> Referral only
Program/Site: _____	
Address: _____	
Contact Person/Phone re: Appt.: _____	
Purpose of Appt. & Special Needs	

Day/Date & Time: _____	<input type="checkbox"/> Referral only
Program/Site: _____	
Address: _____	
Contact Person/Phone re: Appt.: _____	
Purpose of Appt. & Special Needs	